

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

Gerson for Congress

ADDRESS (number and street)

3260 Dodd Ln

Check if different
than previously
reported. (ACC)

Eagan

MN

55121

2. FEC IDENTIFICATION NUMBER ▼

C

C00523738

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
REPORT☐ NEW
(N)

OR

☒ AMENDED
(A)

MN

02

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y
08 / 14 / 2012in the
State of

MN

(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the
State of

5. Covering Period

M M / D D / Y Y Y Y
07 / 01 / 2012

through

M M / D D / Y Y Y Y
07 / 25 / 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer David Adam Gerson

Signature of Treasurer

David Adam Gerson

[Electronically Filed]

Date

M M / D D / Y Y Y Y
04 / 11 / 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 17

Write or Type Committee Name

Gerson for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	2

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	5		2	0	1	2

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	212.63	212.63
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	212.63	212.63
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	15955.56	19830.36
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	15955.56	19830.36
8. Cash on Hand at Close of Reporting Period (from Line 27).....	11937.23	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	31554.96	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 17

Write or Type Committee Name

Gerson for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	2

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	5		2	0	1	2

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

5.00

5.00

(ii) Unitemized.....

207.63

207.63

(iii) TOTAL of contributions from individuals ▶

212.63

212.63

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

0.00

0.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS

(other than loans)

(add Lines 11(a)(iii), (b), (c), and (d))..

212.63

212.63

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

(a) Made or Guaranteed by the Candidate.....

15000.00

31554.96

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

(add Lines 13(a) and (b)).....

15000.00

31554.96

14. OFFSETS TO OPERATING EXPENDITURES

(Refunds, Rebates, etc.)

0.00

0.00

15. OTHER RECEIPTS

(Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines

11(e), 12, 13(c), 14, and 15)

(Carry Total to Line 24, page 4)..... ▶

15212.63

31767.59

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 17

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	15955.56	19830.36
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	15955.56	19830.36

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	12680.16
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	15212.63
25. SUBTOTAL (add Line 23 and Line 24).....	27892.79
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	15955.56
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	11937.23

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 5 OF 17

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Gerson for Congress

Full Name (Last, First, Middle Initial)

David Adam Gerson

Mailing Address 3260 Dodd Ln

City

Eagan

State

MN

Zip Code

55121

FEC ID number of contributing
federal political committee.**C** H2MN02130

Name of Employer

Meggitt

Occupation

Engineer

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

26559.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		24		2012

Transaction ID : SA11Al.4380

Amount of Each Receipt this Period

5.00

Donation

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

5.00

5.00

FOR LINE NUMBER:		PAGE 6 OF 17	
(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
			<input type="checkbox"/> 15

NAME OF COMMITTEE (In Full)
Gerson for Congress

Election Cycle-to-Date

15000.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 7 OF 17

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Gerson for Congress

Full Name (Last, First, Middle Initial)

A. Best Buy

Mailing Address 12600 Frontage Rd W

City	State	Zip Code
Burnsville	MN	55337

Purpose of Disbursement
Computer

001

Category/
Type

Candidate Name

David Adam Gerson

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: MN

District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		16		2012

Amount of Each Disbursement this Period

476.68

Transaction ID : SB17.4343

B. Best Buy

Mailing Address 12600 Frontage Rd W

City	State	Zip Code
Burnsville	MN	55337

Purpose of Disbursement
Office Supplies

001

Category/
Type

Candidate Name

David Adam Gerson

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: MN

District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		16		2012

Amount of Each Disbursement this Period

182.10

Transaction ID : SB17.4346

c. Best Buy

Mailing Address 12600 Frontage Rd W

City	State	Zip Code
Burnsville	MN	55337

Purpose of Disbursement
Computer

001

Category/
Type

Candidate Name

David Adam Gerson

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: MN

District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		18		2012

Amount of Each Disbursement this Period

404.88

Transaction ID : SB17.4363

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1063.66

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Gerson for Congress

Full Name (Last, First, Middle Initial)

A. Best Buy

Mailing Address 12600 Frontage Rd W

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		19		2012

City	State	Zip Code
Burnsville	MN	55337

Amount of Each Disbursement this Period

74.97

Purpose of Disbursement
Wireless Headset

001

Transaction ID : SB17.4369

Candidate Name

David Adam GersonCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: MN

District: 02

Full Name (Last, First, Middle Initial)

B. Cub Foods

Mailing Address 300 Travelers Trl E

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		17		2012

City	State	Zip Code
Burnsville	MN	55337

Amount of Each Disbursement this Period

107.83

Purpose of Disbursement
Office Supplies

001

Transaction ID : SB17.4355

Candidate Name

David Adam GersonCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: MN

District: 02

Full Name (Last, First, Middle Initial)

c. Fed Ex Office

Mailing Address 700 County Rd 42

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		05		2012

City	State	Zip Code
Burnsville	MN	55337

Amount of Each Disbursement this Period

539.88

Purpose of Disbursement
Literature

006

Transaction ID : SB17.4311

Candidate Name

David Adam GersonCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: MN

District: 02

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

722.68

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Gerson for Congress

Full Name (Last, First, Middle Initial)

A. Holly Hilden

Mailing Address 16673 Festal Ave

City	State	Zip Code
Farmington	MN	55024

Purpose of Disbursement
Accounting Services

001

Candidate Name

David Adam GersonCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: MN

District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		02		2012

Amount of Each Disbursement this Period

325.00

Transaction ID : SB17.4304

B. Holly Hilden

Mailing Address 16673 Festal Ave

City	State	Zip Code
Farmington	MN	55024

Purpose of Disbursement
Accounting Services

001

Candidate Name

David Adam GersonCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: MN

District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		16		2012

Amount of Each Disbursement this Period

300.00

Transaction ID : SB17.4354

c. Lindstrom Embroidery

Mailing Address 7866 12th Ave S

City	State	Zip Code
Bloomington	MN	55425

Purpose of Disbursement
Shirts

006

Candidate Name

David Adam GersonCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: MN

District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		23		2012

Amount of Each Disbursement this Period

51.96

Transaction ID : SB17.4378

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

676.96

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 17

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Gerson for Congress

Full Name (Last, First, Middle Initial)

A. Prime Rate Motel

Mailing Address 12850 W Frontage Rd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		19		2012

City	State	Zip Code
Burnsville	MN	55337

Amount of Each Disbursement this Period

308.35

Purpose of Disbursement
Lodging

001

Transaction ID : SB17.4367

Candidate Name

David Adam GersonCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: MN

District: 02

Full Name (Last, First, Middle Initial)

B. RMG Consulting

Mailing Address 1115 Watrous Ave

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		17		2012

City	State	Zip Code
Des Moines	IA	50315

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement
Consultant

001

Transaction ID : SB17.4356

Candidate Name

David Adam GersonCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: MN

District: 02

Full Name (Last, First, Middle Initial)

c. Eric SaywardMailing Address 2161 Effingham Way
Apt 218

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		03		2012

City	State	Zip Code
Sun Prairie	WI	53590

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement
IT Services

001

Transaction ID : SB17.4305

Candidate Name

David Adam GersonCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: MN

District: 02

SUBTOTAL of Disbursements This Page (optional).....

3308.35

TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 17

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Gerson for Congress

Full Name (Last, First, Middle Initial)

A. Eric SaywardMailing Address 2161 Effingham Way
Apt 218City State Zip Code
Sun Prairie WI 53590Purpose of Disbursement
IT Services

Candidate Name

David Adam Gerson

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: MN District: 02

Date of Disbursement

M M	D D	Y Y Y Y
07	16	2012

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.4353**B. Eric Sayward**Mailing Address 2161 Effingham Way
Apt 218City State Zip Code
Sun Prairie WI 53590Purpose of Disbursement
IT Services

Candidate Name

David Adam Gerson

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: MN District: 02

Date of Disbursement

M M	D D	Y Y Y Y
07	25	2012

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.4388**c. Leah Schimon**

Mailing Address 423 130 St W

City State Zip Code
Shakopee MN 55379Purpose of Disbursement
Administration Services

Candidate Name

David Adam Gerson

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: MN District: 02

Date of Disbursement

M M	D D	Y Y Y Y
07	02	2012

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.4303**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1500.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 17

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Gerson for Congress

Full Name (Last, First, Middle Initial)

A. Leah Schimon

Mailing Address 423 130 St W

City	State	Zip Code
Shakopee	MN	55379

Purpose of Disbursement
Administration Services

001

Category/
Type

Candidate Name

David Adam Gerson

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: MN District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		16		2012

Amount of Each Disbursement this Period

250.00

Transaction ID : SB17.4352

B. Special Guests

Mailing Address PO BOX 1927

City	State	Zip Code
Wendell	NC	27591

Purpose of Disbursement
Radio Ads

004

Category/
Type

Candidate Name

David Adam Gerson

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: MN District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		18		2012

Amount of Each Disbursement this Period

300.00

Transaction ID : SB17.4360

c. Special Guests

Mailing Address PO BOX 1927

City	State	Zip Code
Wendell	NC	27591

Purpose of Disbursement
Radio Ads

004

Category/
Type

Candidate Name

David Adam Gerson

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: MN District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		25		2012

Amount of Each Disbursement this Period

700.00

Transaction ID : SB17.4387

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1250.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 17

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Gerson for Congress

Full Name (Last, First, Middle Initial)

A. Stratics GroupMailing Address 3814 Gunn Hwy
Suite A

City Tampa State FL Zip Code 33618

Purpose of Disbursement
Phone calls

003

Category/
Type

Candidate Name

David Adam Gerson

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: MN

District: 02

Date of Disbursement

M M	D D	Y Y Y Y
07	20	2012

Amount of Each Disbursement this Period

1904.37

Transaction ID : SB17.4371

B. Travelodge

Mailing Address 12920 Aldrich Ave S

City Burnsville State MN Zip Code 55337

Purpose of Disbursement
Lodging

001

Category/
Type

Candidate Name

David Adam Gerson

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: MN

District: 02

Date of Disbursement

M M	D D	Y Y Y Y
07	16	2012

Amount of Each Disbursement this Period

181.68

Transaction ID : SB17.4345

C. Tim Watts

Mailing Address 421 Wood Way

City Burnsville State MN Zip Code 55337

Purpose of Disbursement
Administration Services

001

Category/
Type

Candidate Name

David Adam Gerson

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: MN

District: 02

Date of Disbursement

M M	D D	Y Y Y Y
07	05	2012

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.4315

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2586.05

SCHEDULE C (FEC Form 3)
LOANS

PAGE 15 OF 17

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4392

Gerson for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2012

David Adam Gerson

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
3260 Dodd Ln

City

State

ZIP Code

Eagan

MN

55121

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

16554.96

0.00

16554.96

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y
05 / 29 / 2012

M M / D D / Y Y Y Y

D D / Y Y Y Y

1/1/2020

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

16554.96

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 16 OF 17

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4365

Gerson for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2012

David Adam Gerson

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
3260 Dodd Ln

City

State

ZIP Code

Eagan

MN

55121

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

10000.00

0.00

10000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y
07 / 19 / 2012M M / D D / Y Y Y Y
/ / NAM M / D D / Y Y Y Y
/ / NAM M / D D / Y Y Y Y
/ / NA

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

10000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 17 OF 17

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4381

Gerson for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2012

David Adam Gerson

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
3260 Dodd Ln

City

State

ZIP Code

Eagan

MN

55121

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

5000.00

0.00

5000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y
07

24

2012

M M / D D / Y Y Y Y

NA

Y Y Y Y

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

5000.00

TOTALS This Period (last page in this line only)..... ►

31554.96

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.